286239

STATE OF SOUTH CAROLINA  (Caption of Case)  Example: Application for a Class C Charter Certificate from	) BEFORE THE ) PUBLIC SERVICE COMMISSION ) OF SOUTH CAROLINA
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET
CCIQUES GLOCAL DBY	DOCKET DOG 250
Aluxus on Time	NUMBER: 209 - 259 - 1
Trasportain	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: Croliss Green	Telephone: 543-340-3483
Address: 512 ROUS DOM CI	Fax: 543-346-7853
Oction Sc 36233	Other:
	Email: and is command the Email:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely.	
NATURE OF ACTION	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus  RECEIV	Request to Amend Passenger Limit
Application - Class C Non-Emergency JUL 29 2	N10 Request
Application - Class C Stretcher Van	T. D. Likia
Application - Class E Household Goods  MAIL / DM	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date: 7-86-809
of S.C. Code Ann., § 58-23-10, et seq. (1976), and ame	
	on, partnership, or sole proprietorship, with of without trade name
STOTISCUM CONCERT AND Street Ad	dress of Applicant
Mailing Address of Applic	ant (if different from street address)
angiss-deworks	ail Address
2. If the Applicant is an LLC or a corporation, a copy of a Secretary of State and the Articles of Incorporation must Carolina Secretary of State "Foreign Corporation" Certain	t be attached. (If incorporated outside of SC, attach South
3. Select Entity Type: (Check one)	
☐ Individual Owner/Sole Proprietorship ☐ Partnership - List names and address of all personal persona	on having an interest in the business
☐ Corporation - List names and addresses of two p	_
Dece 2 care	<b>F</b>
Cardiss C. Creen	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### **Financial Statement**

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilitie</u>	<u>s:</u>
Value of Real Estate	000.00	Mortgage/Loan on Real Estate	136,000
Value of Motor Vehicles	(M)	Loans Owed on Motor Vehicles	0
Cash on Hand	2,000	Business/Other Loans Owed	
Cash in Bank	Iscons	Other Liabilities or Debts	D00
Value of Other Assets and Equipment		Total Liabilities	146,207
Total Assets	<u>33'000</u> 1		

#### **INSTRUCTIONS:**

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate
  knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills
  such as electricity bills, security system costs, insurance, salaries, etc

### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

2.85 permit

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	☐ Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	,
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

WHEEL-

### **DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

电	1-7 Passengers, including driver
	8-15 Passengers, including driver

			CHAIR
YEAR & MODEL	VIN#	EMPTY WEIGHT	LIFT
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	YEAR & MODEL	YEAR & MODEL VIN#	YEAR & MODEL  VIN#  EMPTY WEIGHT   OUT OF THE PROPERTY OF THE

#### **INSURANCE QUOTE**

#### This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

arith proof on a sulf ACC mondation
Name of Applicant
SIB Deaver Dan Ct. Darlington SC 89533
Address of Applicant

#### **Amount of Premium:**

Liability Insurance \$ \_ 10,0004

The above quoted premium is for a term of months.

Minimum Limits - Bodily injury and property damage limits will not be less

than the following:

**Limits Quoted** 

Liability Combined Each Occurance	\$ 1,000,000	1.000.00
Medical Payments per Person	\$ 1,000	1(1)

HOSPICIAL TOSTICE FROM LC

Name of Insurance Company

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

## Exhibit Fit, Willing, and Able (FWA)

Cordiss Green DRA Alvays on Time Trasportation

<ol> <li>Is there currently a</li> </ol>	ny outstanding judgments against the Applicant?
○ Yes	⊗ No
If Yes, list judgen	nents here:
	ar with all statutes and regulations, including safety regulations and governing for-hire moto
<del>-</del>	n South South Carolina, and does Applicant agree to operate in compliance with these
statutes and regular	
Yes Yes	○ No
3. Is Applicant aware	of the Commission's insurance requirements and the insurance premium costs associated
therewith?	
Ø Yes	○ No

# **Exhibit on Driver Qualifications**

1	CPR Certificate or its equ	drivers must possess at least a current American Red Cross Standard First Aid and valent, and records that verify/record such training must be kept on file at the f of business within South Carolina.
	Yes	O No
2	. Applicant understands tha	drivers must be in compliance with all OSHA regulations.
	X Yes	○ No
3.		drivers must be trained in the use of all vehicle installed safety equipment such as is, fire extinguishers, and other equipment as outlined in PSC Regulations.
	Yes Yes	○ No
4.	Applicant understands that with disabilities, including	drivers must be able to physically perform actions necessary to assist persons wheelchair users.
	<b>♠</b> Yes	○ No
5.		drivers must wear a professional uniform and photo identification badge that not the company for whom the driver works.
	<b>⊗</b> Yes	O No
6.	Applicant understands that of safety, and records that business within South Care	drivers must complete twelve (12) hours of in-service training annually in the area erify/record such training must be kept on file at the company's primary place of ina.
	Yes	○ No

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please	check the applicable box:
	The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.se gov to create a My DMS account.
	The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

tle of Applicant (e.g. President, Owner, etc.)

Applicant's Signature

STATE OF SOUTH CAROLINA

COUNTY OF FICTOR

SWORN TO BEFORE ME
This day of Lily, 2019

Notary Public

Commission Expires 7-1-2009

**Print Application** 

07/26/2019

Cardiss Green 512 Beaver Dam Ct Darlington, SC 29532

Dear PSC,

Hi I am requesting this authority process to be expedited. This is my only source of income. If there are any questions or concerns, please contact me at 843-260-2482

Sincerely,

**Cardiss Green**